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Bib Data Sheet

CONFIRMATION NO. 5974

SERIAL NUMBER 10/644,533	FILING DATE 08/20/2003 RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. BIO-175-NP
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APPLICANTS

Joshua Porath, Haifa, ISRAEL;

Jonathan Lessick, Haifa, ISRAEL;

** CONTINUING DATA *****

This appln claims benefit of 60/404,883 08/21/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 3	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

000027777

PHILIP S. JOHNSON

JOHNSON & JOHNSON

ONE JOHNSON & JOHNSON PLAZA

NEW BRUNSWICK , NJ

08933-7003

TITLE

Transient event mapping in the heart

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)